

EXHIBIT 3

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO

- - -

Gerardo Campos, et al.,	:	
	:	
Plaintiffs,	:	
	:	
vs.	:	Case No.
	:	3:12-cv-01529-ADC
Safety-Kleen Systems,	:	
Inc., et al.,	:	
	:	
Defendants.	:	

- - -

DEPOSITION OF PETER G. SHIELDS, M.D.

- - -

Friday, May 9, 2014
9:19 o'clock a.m.
Crabbe, Brown & James
500 South Front Street
Suite 1200
Columbus, Ohio 43215

- - -

ANN FORD
REGISTERED PROFESSIONAL REPORTER

- - -

**CERTIFIED
COPY**

1 APPEARANCES:

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21 On behalf of the Defendants Safety-Kleen
22 Systems, Inc. and Safety-Kleen
23 Corporation.

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U.S.A., Inc.

- - -

FRIDAY MORNING SESSION
May 9, 2014
9:19 o'clock a.m.

- - -

STIPULATIONS

- - -

It is stipulated by and between counsel
for the respective parties herein that this
deposition of PETER G. SHIELDS, M.D., a Witness
herein, called by the Plaintiffs under the statute,
may be taken at this time and reduced to writing in
stenotypy by the Notary, whose notes may thereafter
be transcribed out of the presence of the witness;
and that proof of the official character and
qualifications of the Notary is waived.

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1 P R O C E E D I N G S

2 - - -

3 And, thereupon, Exhibit Nos. 1 through 11
4 were premarked for purposes of identification.

5 - - -

6 PETER G. SHIELDS, M.D.,
7 being by me first duly sworn, as hereinafter
8 certified, testifies and says as follows:

9 EXAMINATION

10 BY MR. ROBB:

11 Q. Good morning, Doctor. Please state your
12 name and your professional address, please.

13 A. Peter Gary Shields. My professional
14 address, although not here as part of my professional
15 activities for Ohio State University, is the James
16 Cancer Center, Ohio State University Comprehensive
17 Cancer Center, The Ohio State University, 300 West
18 10th Street, Columbus, Ohio 43210.

19 Q. Doctor, do you believe Benzene causes
20 leukemia?

21 A. Which type of leukemia?

22 Q. Does it cause leukemia in general, Doctor?

23 A. No. It causes a specific type of leukemia
24 called acute myelogenous leukemia.

25 Q. Okay. Have you testified in the past in

1 come here to talk about.

2 MR. ROBB: Excuse me, counselor. Anything
3 he's reviewed is fair game. Okay. So please just
4 make objections to the form. Okay?

5 A. Okay. So let me try and make this a
6 little bit quicker for you and answer your question.
7 So Mark Nicas wrote a report to respond to the
8 reports of Panko and Spencer. Panko and Spencer are
9 criticizing Kopstein, and that's why I recalled it
10 the way I did.

11 Q. All right. And you agree that both Panko
12 and Spencer used the technique or study that
13 Dr. Nicas -- or Mark Nicas developed, correct?

14 A. I don't have expertise in that area.

15 MS. FORGEY: And I'll object to the form.

16 BY MR. ROBB:

17 Q. Okay. Well, then, if you read their
18 reports, you know that Dr. Nicas is involved in
19 the -- or developed a study that was mentioned and
20 used by both Dr. Panko and Dr. Spencer in doing their
21 exposure assessments, right?

22 MS. FORGEY: Objection. Form.

23 MR. COLÓN: Join.

24 A. I don't recall that. I would have to go
25 back to their reports.

1 Q. Okay. Doctor, you'll agree that there are
2 studies that do statistically link Benzene exposure
3 to CML?

4 A. Rare studies.

5 Q. But you do agree there are studies that
6 support the plaintiff's position in this particular
7 case that Benzene can cause the CML that he has in
8 this particular case?

9 MR. COLÓN: Objection to form.

10 BY MR. ROBB:

11 Q. Right?

12 A. Among the dozens of studies that address
13 the question, there's maybe one or one-and-a-half
14 that will support their contention.

15 Q. And those are specifically relevant
16 studies, are they not?

17 A. Well --

18 MR. COLÓN: Objection as to form.

19 A. -- relevant is a different question.
20 The answer is no.

21 Q. They are statistically valid studies,
22 aren't they, Doctor?

23 MR. COLÓN: Same objection.

24 A. ~~They're using acceptable statistical~~
25 analysis if that's what you're asking me.

1 Q. That's what I'm asking you, Doctor. The
2 studies that show a link between CML and Benzene
3 exposure are based on sound statistical principles,
4 correct?

5 MR. COLÓN: Objection as to form.

6 MS. FORGEY: Objection to form.

7 Mr. Robb, can we have an agreement that an
8 objection by one is good for both defendants?

9 MR. ROBB: Absolutely. I don't want our
10 court reporter to run out of the room screaming.

11 A. So I'm talking specifically about two
12 studies.

13 Q. Doctor, there's more than two studies that
14 link CML to Benzene exposure, you would agree with
15 that?

16 A. No, I don't.

17 MS. FORGEY: Objection. Form.

18 A. I don't agree with that.

19 Q. Okay. What two studies -- what are the
20 only two studies in the world, according to you, that
21 link CML to Benzene exposure?

22 MS. FORGEY: Objection. Form.

23 A. So there's one by Atigoke --

24 Q. Yes, sir.

25 A. -- which has a lot of issues.

1 And the other one, when I said a half, is
2 because there's a study by -- wait -- so it's the
3 Glass study or Vlaanderen. I think it's the Glass
4 study -- I would have to look at it -- where at lower
5 levels -- or intermediate levels, I should say, there
6 was a statistical relationship, and at a higher
7 level, there was not a statistical relationship.

8 **Q. Okay. And that last study you just talked**
9 **about, the statistical relationship in the mid-level**
10 **was three times what somebody that was unexposed to**
11 **the chemical would experience, correct?**

12 **A. I'm pulling the papers so we're talking**
13 **exactly. Well, actually, that's not correct. So at**
14 **the mid-level exposure -- now I'm referring to Glass,**
15 **2014 --**

16 **Q. Yes, sir.**

17 **A. -- it's at levels of greater than**
18 **2.933 ppm -- I'm sorry -- at levels between .348 and**
19 **2.93 ppm, the risk which was statistically**
20 **significant was 5.04; but at the higher level, the**
21 **risk drops and is no longer statistically**
22 **significant, and the trend test was not**
23 **significant -- was not significant.**

24 **Q. 5.04 is a solid statistical relative risk**
25 **to establish a connection, correct?**

1 A. I guess I don't understand that question.

2 Q. Well, 2.0 would mean that there's a --
3 well, 1.0 is a statistical -- well, strike that.

4 Let me ask this. You would agree that
5 there are studies where the relative risk of Benzene
6 and CML being associated are greater than 2.0?

7 MS. FORGEY: Objection. Form.

8 A. So I just gave you the two studies,
9 correct?

10 Q. Okay. And you, in fact, yourself believe
11 that CML can be caused by Benzene exposure, correct?

12 MR. COLÓN: Objection as to form.

13 A. Say that again.

14 Q. You yourself believe that Benzene can
15 cause CML, do you not?

16 A. No. I don't believe that.

17 Q. You've never believed that, right?

18 A. No.

19 Q. Okay. Well, you know, I didn't ask that
20 very well. That was like a double negative.

21 A. Yeah.

22 Q. Have you ever believed that Benzene causes
23 CML?

24 A. Not that I can recall.

25 Q. Doctor, in order to determine what causes

1 reviewing the literature.

2 Q. Okay. You would agree with me -- while
3 she's pulling that out -- that there are institutions
4 around the world that recognize that Benzene causes
5 CML? You recognize that, don't you?

6 A. Well, I guess I have to ask you which
7 institutions?

8 Q. Well, let me ask you this. You're at Ohio
9 State, right?

10 A. That's correct.

11 Q. Okay. The premier medical facility in the
12 State of Ohio, would you agree, is the Cleveland
13 Clinic?

14 A. Seriously, you didn't just ask that, did
15 you?

16 Which metric are you talking about?

17 Q. Are you saying that the Cleveland Clinic
18 is not considered to be a leading institution of
19 medicine in the world?

20 A. No, I didn't say that. That wasn't your
21 question.

22 Q. Well, let me reask it then.

23 Would you agree that the Cleveland Clinic
24 is recognized as a leading medical institution
25 throughout the world?

1 A. Yes, I would.

2 Q. Okay. And in front of you -- or the court
3 reporter should have a number of exhibits -- and the
4 first exhibit is information from the Cleveland
5 Clinic regarding CML.

6 A. Okay.

7 Q. All right. And let's turn to page 2 of
8 that Exhibit 1 and "What causes leukemia?" Do you
9 see that?

10 A. I do.

11 Q. All right. And it says, "For example" --
12 this is in the second paragraph -- "very high doses
13 of radiation."

14 We don't have that, right, in this case,
15 you would agree with me on that? Mr. Campos wasn't
16 exposed to high doses of radiation; is that fair?

17 A. Correct.

18 Q. Okay. "Exposure to the chemical Benzene."
19 We do have that in this particular case, correct?
20 He's been exposed to Benzene, you don't dispute that?

21 A. Well, you know, that's a whole other
22 discussion, but I'm not going to just admit the
23 question the way you just asked it. No.

24 Q. Doctor, are you saying that he was not
25 exposed to any level of Benzene whatsoever while

1 Solvent 105. If you say that on the record --

2 MS. FORGEY: That's not the case,

3 Mr. Robb.

4 MR. ROBB: Then just be quiet, and I'll
5 continue with my questions.

6 THE WITNESS: Mr. Robb, maybe you should
7 ask me what is it that I'm going to say about
8 exposure, that might help you a lot?

9 BY MR. ROBB:

10 Q. Doctor, again, you know, I know you've
11 been down this road before, and you're here on behalf
12 of Safety-Kleen, but I'm here on behalf of my client,
13 and I'll ask the questions I think I need answers to.

14 MS. FORGEY: Object to the sidebar.

15 BY MR. ROBB:

16 Q. Well, Doctor, go back to the Cleveland
17 Clinic exhibit that we were talking about. All
18 right. We established my client hasn't been exposed
19 to radiation. We haven't established that he's been
20 exposed to Benzene. The next thing we talk about is
21 exposure to certain chemotherapy drugs. We know that
22 that's not the case with my client, correct? And he
23 hasn't been exposed to chemotherapy, you would agree
24 with that, right, Doctor?

25 A. That's correct.

1 Q. All right. And the paragraph goes on and
2 says, "That may increase the risk of developing AML,
3 ALL, or CML," correct?

4 A. I'm just trying to find where you're
5 reading.

6 Q. Okay. I'm on page 2, "What causes
7 leukemia," paragraph 2 under that says "Although the
8 exact cause of the DNA mutation," you see that?

9 A. Yes.

10 Q. All right. And so let me just read this
11 sentence. "For example, very high doses of
12 radiation, exposure to the chemical Benzene, and
13 exposure to certain chemotherapy drugs may increase
14 the risk of developing AML, ALL, or CML." Did I read
15 that correctly?

16 A. You did.

17 Q. Okay. Let's go to my next exhibit, which
18 is Johns Hopkins.

19 A. Okay. Yep.

20 Q. And you'll agree that Johns Hopkins is a
21 leading medical institution in this country?

22 A. I agree.

23 Q. All right. You're familiar with the Johns
24 Hopkins Kimmel -- K-i-m-m-e-l for our court
25 reporter -- Cancer Center?

1 A. Yep.

2 Q. All right. Very respected cancer center
3 in the northeast?

4 A. Yep.

5 Q. All right. And you see the "Leukemia risk
6 factors," correct?

7 A. That's right.

8 Q. All right. And it says under Benzene, it
9 says, "Exposure to the chemical compound Benzene in
10 the workplace can cause acute myeloid leukemia and
11 chronic myeloid leukemia," right?

12 A. Are you asking me whether you read that
13 correctly?

14 Q. That's what Johns Hopkins Kimmel Cancer
15 Center recognizes as being a potential cause of the
16 very leukemia that my client has, correct?

17 A. That's what they wrote.

18 Q. All right. Let's go to No. 3, Exhibit 3,
19 the Children's Leukemia Research Association, do you
20 know Dr. Peter Wiernik?

21 For our court reporter, that's
22 W-i-e-r-n-i-k.

23 A. I don't.

24 Q. Okay. You haven't read any of his
25 textbooks regarding neoplastic diseases and leukemia?

1 A. I don't read textbooks.

2 Q. You don't read -- do you teach?

3 MS. FORGEY: Objection. Form.

4 A. I sometimes teach.

5 Q. Okay. And you'll agree that on his --
6 well, he's an oncologist like yourself, correct?

7 A. I don't know that.

8 Q. Okay. I want you to assume that he is an
9 oncologist. All right. That's the type of work you
10 do, right?

11 A. I am an oncologist by training. My
12 expertise is in cancer causation.

13 Q. Okay. Most of your work, though, would
14 you agree, has been in lung cancers and breast
15 cancers; is that fair?

16 A. My primary research area, yes.

17 Q. Okay. Did you -- as far as breast cancer,
18 did you ever make the connection between hormone
19 therapy and women getting breast cancer?

20 A. I don't think I have in my research.

21 Q. Okay. But you do recognize that is an
22 area of contention among physicians also that Prempro
23 or hormone replacement drugs could cause breast
24 cancer in women?

25 A. No. That's not contentious at all.

1 Q. You think it's an established fact?

2 A. Yeah. No one disputes that. Some people
3 will still want to prescribe the drugs, but everyone
4 understands that it increases the risk of breast
5 cancer.

6 Q. Okay. On page 2 of this Children Leukemia
7 Research Association document that you have in front
8 of you, you see where it says "Chronic" -- I can't
9 say the word -- "myelocytic leukemia (CML)." Do you
10 see that, Doctor?

11 A. I see that section.

12 Q. All right. And it says, I'll read it,
13 "The etiology of CML is unknown for most patients,
14 although it is clear that exposure to ionizing
15 radiation and some chemicals (Benzene) can cause the
16 disease." Right?

17 A. That's what it says.

18 Q. All right. So there's a physician that
19 feels that there's a link between Benzene and CML,
20 and there's two hospitals, you agree, that feel that
21 there's a connection. Let's go to page -- Exhibit 4.

22 A. I'm sorry. Was there a question?

23 MS. FORGEY: Object to the sidebar.

24 BY MR. ROBB:

25 Q. I'm done. Now I'm on to No. 4, and it's

1 titled "Cancer Council," and that's from New South
2 Wales. I'll represent to you that's NSW, that's what
3 that stands for.

4 A. So that's Australia?

5 Q. I believe it is.

6 A. So we're going to Australia.

7 Q. And you cited in your references that you
8 have in your bibliography, or appendix to your
9 report, you cite studies from all over the world,
10 correct?

11 A. That's correct.

12 Q. All right. There's nothing wrong with
13 studies from Australia or China or Africa or any
14 other area of the country -- I'm sorry -- of the
15 world, is there?

16 A. I guess you're asking me whether geography
17 makes a study particularly unreliable? No. There
18 are studies that are reliable and unreliable around
19 the world.

20 Q. Okay. And the title of that -- of this
21 paper, No. 4, is "Causes of Chronic Myeloid
22 Leukemia." Again, that's the leukemia my client has,
23 correct?

24 A. That's right.

25 Q. And it says, "Exposure to the chemical

1 Benzene or high doses of radiation may cause CML,"
2 right? And it says, in fairness, "However, this
3 doesn't explain the majority of cases," right?

4 A. You read that correctly.

5 Q. And then below it, you would agree, that
6 it's been reviewed, the information that's on that
7 particular website, has been reviewed by a bone
8 marrow transplant physician, associate professors, a
9 cancer council, you see all the names there, right, a
10 hematologist?

11 A. Well, I'm not recognizing any name there
12 or title of anyone that would have a particular
13 expertise in leukemia causation.

14 Q. Well, sir, what is the -- CML, the -- is
15 bone marrow transplant one way of treating CML?

16 A. That's right.

17 Q. All right. And one of the people that are
18 cited here is a hematologist and a bone marrow
19 transplant physician, correct?

20 A. Right, which would make it unlikely for
21 that person to have an expertise in cancer causation.

22 Q. He's a hematologist. That would certainly
23 give him an expertise in leukemia, would it not?

24 A. In leukemia, it would; not causation.

25 Q. All right. Well, regardless of the fact,

1 you do agree that on this particular page, there's
2 somebody else, or a group of people, that disagree
3 with your opinion that you've given here today that
4 CML is caused by exposure to Benzene, correct?

5 A. Well, I'm not disputing what they wrote.
6 I would like to know what their methodology is for
7 coming to that conclusion before I would dispute it.

8 Q. Now, No. 5 is the "Montana Cancer Control
9 Section," which is a division of the State of
10 Montana. You're aware of the fact, aren't you, that
11 various states have cancer councils or agencies,
12 right?

13 A. That's right.

14 Q. Okay. In Ohio, do they have a state
15 cancer registry or society of some sort?

16 A. Well, those are two very different things.
17 So I guess you have to tell me what you mean by
18 "sort."

19 Q. Okay. Well, I'll tell you what, let's
20 just go to page 4 of this report. Tell me when you
21 get there.

22 A. Okay.

23 Q. On the last paragraph where it starts with
24 "There," do you see where I'm at?

25 A. Yep.

1 Q. -- "have been many studies."

2 A. Yep.

3 Q. I want you to go down, and I'm going to
4 read this to you. It says, "The only well-documented
5 association is increased risk of AML or CML with
6 occupational exposure to Benzene." Do you see that?

7 A. I do.

8 Q. All right. And, again, the words used
9 aren't "there may be; there's possibly." It says,
10 "There's a well-documented association of an
11 increased risk of AML or CML with occupational
12 exposure to Benzene," correct?

13 A. So you actually -- so that's what they
14 wrote, but you didn't finish because they cite in
15 footnote 5, which is a website for ATSDR, and I would
16 like to see what ATSDR says for their tox profiles.
17 I don't think ATSDR recognizes Benzene as a
18 well-documented exposure to CML. So they may have
19 their footnote incorrect.

20 Q. Okay. All right. Let's go to No. 6, and
21 the title of that is "Leukaemia." Have you ever
22 gotten any funding from the Rockefeller Foundation?

23 A. No.

24 Q. You're aware of the Rockefeller
25 Foundation?

1 A. Sure.

2 Q. All right. You recognize that they fund
3 medical research and other -- well, you understand
4 they fund medical research around the world?

5 A. Yes.

6 Q. Okay. Have you ever applied for funding
7 with the Rockefeller Foundation?

8 A. No.

9 Q. Okay. Has The Ohio State University
10 physicians ever applied for funding with the
11 Rockefeller Foundation?

12 A. I have no idea. As far as I know, there's
13 no one in our cancer center currently with their
14 funding.

15 Q. Okay. But you have been in facilities
16 where they funded those studies, I would assume,
17 given your long, illustrious career and the places
18 you have worked?

19 A. I don't know that. You're actually asking
20 an interesting question because I don't know what
21 they fund. They may not fund cancer research at all.

22 Q. Okay. Well, you agree that the title of
23 this paper of No. 6 is called "Leukaemia," correct?

24 A. That's right.

25 Q. All right. And going over to the top

1 right-hand part of that page, it says "Benzene," do
2 you see that?

3 A. Yes.

4 Q. And it says, "Exposure to Benzene in the
5 workplace can cause acute myeloid leukaemia, and it
6 may also cause chronic myeloid leukaemia, or acute
7 lymphatic leukaemia," do you see that?

8 A. It's -- yes. It's "lymphocytic
9 leukaemia." I do see that.

10 Q. I apologize. And if you turn to page 2,
11 that is a publication of the Africa Cancer
12 Foundation, right?

13 A. I guess so. It's not really clear.

14 Q. All right. Well, what do you mean it's
15 not clear? Can you not look at the bottom on the far
16 right side of the second page, it says "Funded by the
17 Rockefeller Foundation, the Africa Cancer
18 Foundation."

19 A. And I do see now that it says "A
20 publication of the Africa Cancer Foundation."

21 Q. Okay. Now, No. 7, I'm going to apologize
22 to you because I know it's going to hurt you because
23 of the fact that you're an Ohio State guy, and this
24 is a Michigan -- University of Michigan professor.

25 Let me ask you, do you know Dale Bixby?

1 A. I don't.

2 Q. All right. He's the Assistant Program
3 Director of the Division of Hematology and Oncology
4 at the Department of Internal Medicine at the
5 University of Michigan. Right. All those areas
6 would be dealing with cancer causation, you would
7 agree, right?

8 A. No. I totally disagree. And by the way,
9 he's a clinical assistant professor, but very few of
10 the people in our division of hematology and oncology
11 deal with causation. They're usually in cancer
12 prevention and control programs.

13 Q. What's the specialist that -- well, you're
14 an oncologist, right?

15 A. That's right.

16 Q. All right. And you say you're -- you do
17 cancer causation determinations, correct?

18 A. That's correct.

19 Q. All right. And not only is he an
20 assistant professor, he's also the assistant program
21 director at the University of Michigan, correct?

22 A. That's what it says.

23 Q. All right. Now, let's go to -- it's
24 probably page 9 because that's how I got my poor
25 court reporter all mixed up earlier.

1 MR. COLÓN: Mike, excuse the interruption.
2 I don't mean to interrupt your questions or your
3 deposition, just a quick logistical matter.

4 MR. ROBB: Yes, sir.

5 MR. COLÓN: What time are you thinking of
6 breaking for lunch? I need to schedule -- try to
7 schedule other matters as well during whatever break,
8 whenever you plan on breaking.

9 MR. ROBB: Francisco, I plan on being done
10 probably in an hour.

11 MR. COLÓN: Okay. All right. Sorry.

12 MR. ROBB: If I feel like I'm going to go
13 longer, I'll let you know, but I'm really not going
14 to be all that much longer, I don't think.

15 MR. COLÓN: Thank you for that, Mike.

16 MR. ROBB: Sure.

17 THE WITNESS: So we've been going for an
18 hour, so whenever you're ready, we can take a break.

19 MR. ROBB: That's fine. If you need a
20 break, Doctor, I can get some more water. We can
21 take a five-minute break. That's fine by me.

22 THE WITNESS: Okay. Great.

23 (Recess taken.)

24 BY MR. ROBB:

25 Q. We were talking about the University of

1 Michigan. Are you on page 9 of that? It says,
2 "Epidemiology."

3 A. Yes.

4 Q. All right. And, again, it says, "Risk
5 factors include exposure to certain organic solvents
6 (Benzene)," right?

7 A. That's what it says.

8 Q. So there's another physician that
9 disagrees with your opinion that CML and Benzene have
10 no relation, correct?

11 A. That's what he wrote.

12 Q. And that's a direct contrast to what you
13 believe, correct?

14 A. That's correct. I never heard of Dale
15 Bixby. I don't know what expertise he has, but
16 unlikely that he has expertise in cancer causation
17 because I've never heard of him.

18 Q. Because you have expertise in cancer
19 causation, what you tell us under oath then we can
20 believe, correct?

21 A. Sure.

22 Q. Okay. Let's go to my next one, which
23 is -- which number is that? I'm all messed up here.
24 No. 7 -- I'm sorry. We just did 7.

25 No. 8, do you see that, it's titled,

1 again, "Leukaemia, February 22, 2011." This is a
2 publication from the South Africa -- let me see
3 here -- I've got it somewhere. It's from the South
4 Africa's Health Information website. Do you have
5 that?

6 A. So I have No. 8. I can't tell where it's
7 from.

8 Q. Well, yeah. I just told you where it's on
9 the back, but that's not here nor there. Go to
10 page 2 of that.

11 A. Okay.

12 Q. See where it says, "Cause"?

13 A. Yeah.

14 Q. And skip down to bullet points, it talks
15 about radiation, chemotherapy, some previous blood
16 disorders, and then the next one is "Benzene exposure
17 is associated with CML," correct?

18 A. That's what it says.

19 Q. All right. And this -- if you go to --
20 and when it says something is associated with it,
21 that means there is a link, correct?

22 MS. FORGEY: Objection. Form.

23 A. Well, you know, we're getting into jargon,
24 right? So association statistically means that two
25 things are related to each other. If it's

1 statistically significant, you make an assumption
2 that it's not due to chance, although it still could
3 be, but association, just to be really clear, is not
4 the same thing as causation.

5 Q. All right. But in this one, if you go to
6 page -- if you look in the bottom right-hand corner
7 of these pages as you flip through them, there's a
8 number, you know, they're numbered 1 through 9, I
9 believe.

10 A. Okay.

11 Q. Go to page 7. Do you see that?

12 A. I'm sorry. See what?

13 Q. Page 7 down here, it says 7/9. Can you
14 get to that page?

15 A. 79?

16 Q. No. It says 7, and then there's a slash,
17 9. It's page 7 of the 9 pages. That's what I'm
18 trying to get you to.

19 A. I'm not seeing 1 of 9, 2 of 9, 7 of 9.

20 Q. Of this Leukaemia thing I just gave to
21 you -- or, I'm sorry, do you have it in front of you?

22 A. Oh, I see. I see 7 of 9 looked to me like
23 it was 79.

24 Q. ~~That's fine. And this information was~~
25 reviewed by a hematologist, correct?

1 A. That's what it says. It says a --

2 Q. Hematologists are the type of physicians
3 who deal with leukemia day in and day out, right,
4 that's their primary --

5 A. That's correct. This is reviewed by a
6 clinical hematologist, which, again, are usually not
7 the people who are experts in causation.

8 Q. Clinical hematologists are ones that are
9 actually treating these people that have these
10 horrible diseases, correct?

11 MS. FORGEY: Objection. Form.

12 A. As have I. That's correct.

13 Q. All right. Well, you would agree that CML
14 is not -- is a horrible disease, correct?

15 MS. FORGEY: Objection. Form.

16 A. Boy, that's a tough question because I
17 have patients, you know, who are alive 10 years on
18 Gleevec with absolutely normal lives, so I'm not sure
19 that they would say that it's horrible.

20 Q. They would say that it's good to have CML?

21 A. Oh, that's -- please don't twist my words
22 like that.

23 MS. FORGEY: Objection to form.

24 BY MR. ROBB:

25 Q. Well, that's what you're saying, Doctor.

1 You're trying to say that it's --

2 MR. COLÓN: Objection to form.

3 MR. ROBB: I'll rephrase. I'll move on.

4 BY MR. ROBB:

5 Q. Doctor, you have the next one is No. 9,
6 University of California Davis Comprehensive Cancer
7 Center.

8 A. I have that.

9 Q. You're familiar with that facility?

10 A. Yes.

11 Q. Okay. Another respected facility in the
12 United States for people to go to get cancer care and
13 leukemia care, correct?

14 A. That's correct.

15 Q. All right. Let's go to page 2 of 9 -- or
16 29, as you like to call it. That's a joke.

17 A. Yeah. My eyesight is not as good as it
18 used to be.

19 Q. Join the club. Are you with me?

20 A. Yeah.

21 Q. See "Risk factors," and you go down, and
22 the third bullet point is, "Exposure to Benzene in
23 the workplace can cause acute myeloid leukemia," and
24 then the next paragraph is, "It may also cause
25 chronic myeloid leukemia," correct, I read that

1 right?

2 A. You did.

3 Q. All right. So here's another leading
4 medical institution that recognizes the connection
5 between Benzene and CML, correct?

6 A. Well, so "may" is a pretty weak term. So
7 that statement was neither correct nor incorrect.

8 Q. It doesn't say it's not related, does it,
9 Doctor?

10 A. It does not say that it's not related.

11 Q. So anybody reading that can infer that
12 there is some association between Benzene and CML
13 according to the doctors at the University of
14 California Davis, correct?

15 MR. COLÓN: Objection as to form.

16 MS. FORGEY: Objection. Form.

17 A. I think the word "may" means may, everyone
18 understands that, which means maybe, maybe not.

19 Q. Okay. The next one is No. 10. It's from
20 the Irish Cancer Society. Do you have that?

21 A. I do.

22 Q. All right. And, again, it's talking about
23 CML, and it says, "Exposure to chemicals. Long-time
24 exposure to the chemical Benzene can increase your
25 risk," right?

1 A. That's what it says.

2 Q. All right. Do you believe that any
3 exposure to Benzene increases the risk of getting
4 CML, or there's just no risk at all between Benzene
5 and CML?

6 A. Well, I think the studies pretty clearly
7 show that at high risk -- I'm sorry -- at high levels
8 of exposure does not increase the risk of CML. So if
9 high risk -- sorry -- let me say that again.

10 So if high levels can't establish an
11 increased risk through multiple studies, then it's
12 reasonable to assume that lower exposures would not
13 increase the risk of CML.

14 Q. So your opinion today is that there's
15 absolutely no exposure level to Benzene that would
16 cause you to develop CML; is that fair?

17 A. Well, what I'm saying is that there's no
18 studies to support that statement. There's
19 insufficient study to support that statement. As we
20 talked about, there's one or two studies that
21 provides statistically significant association at
22 higher levels of exposure, although the vast majority
23 of the studies, almost all of them, don't provide
24 statistical associations.

25 Q. Okay. Now, then, let's go to No. 11, and

1 that's the Cancer Research of the United Kingdom or
2 Great Britain. That's their cancer society. Okay.
3 Do you have that?

4 A. I have that.

5 Q. All right. And that talks about CML, the
6 risk and causes. Do you see that?

7 A. You're looking at the section -- yes.

8 Q. All right. And then you go to the second
9 page, and there's a subheading for Benzene.

10 A. Yes.

11 Q. And it says, "Contact with a chemical
12 called Benzene for some years may increase your CML
13 risk." Do you see that?

14 A. That's what it says.

15 Q. Okay. Doesn't talk about the amount of
16 the exposure but just simply working with the
17 chemical may cause CML. Do you agree that's what it
18 says?

19 MR. COLÓN: Objection as to form.

20 A. I'm sorry. I'm just looking at the
21 document.

22 Q. That's fine.

23 A. Yeah. So right. I was just reading the
24 paragraph here which says -- you know, which you read
25 correctly -- some -- "For some years may increase CML

1 risk." But you actually didn't give us the last
2 sentence in that same paragraph, which says, "But
3 most people in U.K. wouldn't come in contact with
4 enough Benzene for it to increase their risk at all."
5 So that specifically speaks to the fact that they are
6 referring to dose.

7 Q. Well, there they're talking about -- and
8 if you want to be fair, read the paragraph before
9 it -- they're talking about petro or gasoline fumes,
10 correct?

11 A. That's right. That's in the middle.

12 Q. Yeah. Okay. And you would agree that
13 Mr. Campos's exposure to Benzene is more than, say,
14 you or I that sit in offices -- or, well, you
15 probably move around a little more than I do, going
16 in and out of hospitals.

17 But you would agree that Mr. Campos is
18 exposed to Benzene -- or was exposed to Benzene on a
19 more regular basis than normal working people that
20 aren't involved in parts cleaning and things like
21 that?

22 MS. FORGEY: Objection. Form.

23 A. So I haven't seen any evidence that
24 ~~Mr. Campos is exposed above background. There's a~~
25 wide range of background in the population. It's

1 different for smokers and nonsmokers. So, you know,
2 I wouldn't necessarily agree with that. It depends
3 on the person and depends on where they live, and it
4 depends on their lifestyle.

5 Q. Well, did you read the report of
6 Dr. Kopstein?

7 A. Yes.

8 Q. All right. So you are aware of the fact
9 that he was exposed at a much higher level than
10 background, according to Dr. Kopstein, you just don't
11 agree with it?

12 MR. COLÓN: Objection as to form.

13 A. Right. So I'm aware that Dr. Kopstein
14 claims that, but that the overwhelming scientific
15 literature disputes what Dr. Kopstein has to say.


16 Q. Well, but Dr. Kopstein actually talked to
17 my client about his exposure, right?

18 A. If you represent that to me, I don't
19 recall that either way, but talking to Mr. Campos
20 will not tell you what level of exposure he actually
21 has. All it could do is tell you what workplace
22 activities Mr. Campos describes.

23 Q. Well, the worker is going to be able to
24 tell you approximately how long he's exposed to this
25 particular chemical, right? That's a valid source of

1 State of Ohio :
 2 SS:
 3 County of Franklin:

4 I, PETER G. SHIELDS, M.D., do hereby
 5 certify that I have read the foregoing transcript of
 6 my deposition given on May 9, 2014; that together
 7 with the correction page attached hereto noting
 8 changes in form or substance, if any, it is true and
 9 correct.

10 
 11 PETER G. SHIELDS, M.D.

12 I do hereby certify that the foregoing
 13 transcript of the deposition of PETER G. SHIELDS,
 14 M.D., was submitted to the witness for reading and
 15 signing; that after he had stated to the undersigned
 16 Notary Public that he had read and examined his
 17 deposition, he signed the same in my presence on the
 18 12 day of JUNE, 2014.

19 
 20 Notary Public

21 My commission expires 11-09-2014
 22 - - -
 23
 24
 25

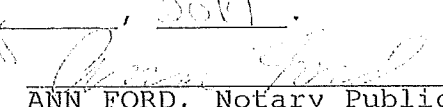
1 CERTIFICATE

2 State of Ohio :
 3 County of Knox SS:

4 I, Ann Ford, Notary Public in and for the
 5 State of Ohio, duly commissioned and qualified,
 6 certify that the within named witness was by me duly
 7 sworn to testify to the whole truth in the cause
 8 aforesaid; that the testimony was taken down by me in
 9 stenotypy in the presence of said witness, afterwards
 10 transcribed upon a computer; that the foregoing is a
 11 true and correct transcript of the testimony given by
 12 said witness taken at the time and place in the
 13 foregoing caption specified.

14 I certify that I am not a relative,
 15 employee, or attorney of any of the parties hereto,
 16 or of any attorney or counsel employed by the
 17 parties, or financially interested in the action.

18 IN WITNESS WHEREOF, I have set my hand and
 19 affixed my seal of office at Columbus, Ohio, on this
 20 11th day of May, 2011.

21 
 22 ANN FORD, Notary Public
 23 in and for the State of Ohio
 and Registered Professional
 Reporter

24 My Commission expires: April 18, 2016.

